Appendix C

COMPLETE THIS FORM USING BALL POINT OR INK PEN ONLY!

DRUG STATEMENT FOR NROTC APPLICATION

COMPLETE THE APPROPRIATE SECTIONS ON THIS FORM.

IMPORTANT! PROVIDING FALSE INFORMATION OR FAILURE TO DECLARE ANY DRUG INVOLVEMENT MAY RESULT IN YOUR ELIMATION FROM SCHOLARSHIP COMPETITION.

DRUG STATEMENT FOR NROTC APPLICATION

Signature of Witnessing Officer	Signature of Applicant
 I fully recognize the negative influence of drug abuse and catego and for the future. 	rically reject the abuse of drugs both now
	Signature of Applicant
g. Circumstances under which the drug use occurred such as expe	rimentation, peer pressure, etc.
f. Were you convicted or arrested for the drug use admitted?	
e. Inclusive dates of use (be specific):	
d. Method by which taken:	
c. Amounts taken:	
b. Approximate number of times used:	
a. Type of drug (or drugs) used:	
If the answer to either of the above is "YES" set forth full circum amounts taken and period over which taken; and complete #3	stances below including approximate times,
YES NO	
YES NO 2. Have you ever used LSD, marijuana, sniffed glue or other hallucino harmful or habit-forming drugs and/or chemicals?	ogens, hypnotics, stimulants or other known
 Have you ever taken any narcotic, sedative, or tranquilizer drug dentist? 	gs other than as prescribed by a physician or

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